



Also available  
in Spanish

## Multisystemic Therapy

Multisystemic Therapy (MST) is a family-oriented, home-based program that targets chronically violent, substance-abusing juvenile offenders 12 to 17 years old. It uses methods that promote positive social behavior and decrease antisocial behavior—including substance use—to change how youth function in their natural settings (i.e., home, school, and neighborhood). The primary goals of MST are to—

- Reduce youth criminal activity
- Reduce antisocial behavior, including substance abuse
- Achieve these outcomes at a cost savings by decreasing incarceration and out-of-home placement rates

Based on the philosophy that the most effective and ethical route to help youth is through helping their families, MST views parents or guardians as valuable resources, even when they have serious and multiple needs of their own. A “multisystemic” approach, however, views these youth as involved in a network of interconnected systems that encompass individual, family, and extrafamilial (e.g., peer, school, neighborhood) factors, and recognizes that it is often necessary to intervene in more than one of these systems. MST addresses these factors in an individualized, comprehensive, and integrated manner.

### TARGET POPULATION

MST targets chronic, violent, or substance-abusing male and female juvenile offenders at risk of out-of-home placement. The “typical” MST youth is 12 to 17 years old, has multiple arrests or an arrest for a violent offense,



*Effective Substance Abuse and  
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### Proven Results\*

- Decreased adolescent substance use
- Decreased adolescent psychiatric symptoms
- Reduced long-term rearrest rates 25% to 70%
- Reduced long-term out-of-home placement 47% to 64%
- Improved family relations and functioning
- Increased mainstream school attendance
- Considerable cost savings over other social services (up to \$131,000 per youth)

*\*In comparison with control groups in eight randomized research projects.*

### INTERVENTION

Universal

Selective

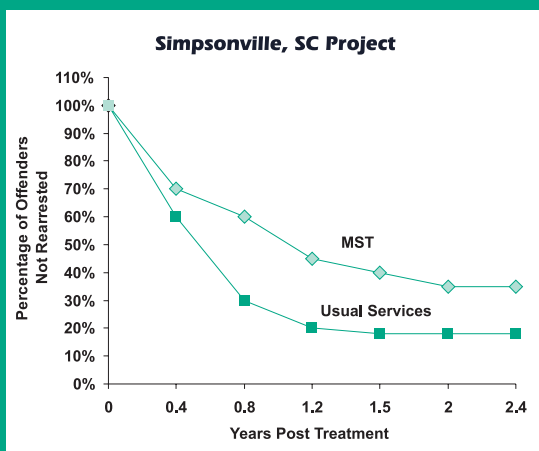
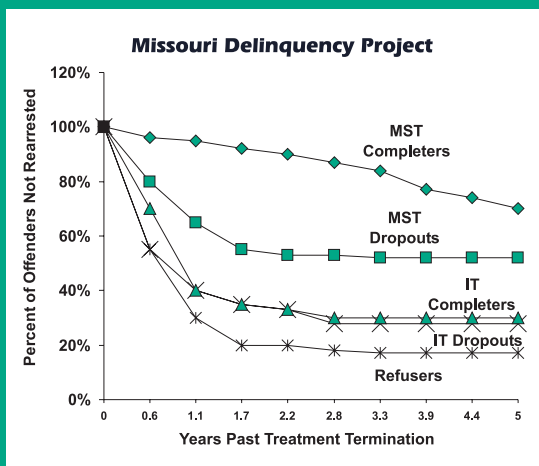
Indicated



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Prevention  
[www.samhsa.gov](http://www.samhsa.gov)

## OUTCOMES

MST has proven effective in reducing substance use and antisocial behavior among diverse populations of serious and chronic juvenile offenders. Follow-up studies with youth and families 2 and 4 years after completing the program supported the long-term effectiveness of MST. In addition, despite its intensity, MST was a relatively inexpensive intervention. With a small client-to-therapist ratio (4:1) and a course of treatment lasting 3 to 5 months, the cost per client for treatment in the MST group was about one-fifth the average cost of an institutional placement. A recent study by the Washington State Institute for Public Policy estimated savings of \$31,000 to \$131,000 for each youth served in MST (based on MST preventing a subsequent incident requiring social or judicial services).



is deeply involved with delinquent peers, has problems at school or does not attend, abuses multiple drugs (e.g., marijuana, alcohol, and cocaine), and lives in a single-parent household that has multiple needs and problems. MST is equally effective with families who have different strengths and weaknesses and who come from a range of socioeconomic and ethnic backgrounds.

## BENEFITS

MST youth:

- Were significantly less likely to use substances
- Had fewer arrests for all types of offenses
- Spent less time in out-of-home placements
- Engaged in less aggression with peers
- Were less likely to be involved in criminal activity

## HOW IT WORKS

MST typically uses a home-based model of service delivery to reduce barriers that keep families from accessing services. Therapists have small caseloads of four to six families; work as a team; are available 24 hours a day, 7 days a week; and provide services at times convenient to the family. The average treatment involves about 60 hours of contact during a 4-month period.

MST therapists focus on empowering parents and improving their effectiveness by identifying strengths and developing natural support systems (e.g., extended family, neighbors, friends, faith community members) and removing barriers (e.g., parental substance abuse, high stress, poor relationships between partners). This family-therapist collaboration allows the family to take the lead in setting treatment goals while the therapist helps them to accomplish their goals.

Once engaged, the parents or guardians collaborate with the therapist on the best strategies to set and enforce curfews and rules; decrease the adolescent's involvement with deviant peers and promote friendships with prosocial peers; improve the adolescent's academic and/or vocational performance; and cope with any criminal subculture that may exist in the neighborhood.

## IMPLEMENTATION ESSENTIALS

MST requires:

- Dedicated full-time clinical staff of three to five people, including a supervisor, who work as a clinical “team”
- Staff availability 24 hours a day, 7 days a week
- Small caseloads of four to six families per therapist
- Buy-in from community members and social service agencies (e.g., child welfare, probation, etc.) to allow the MST therapist to take the lead in clinical decisionmaking and treatment planning for the youth and family (and not be kept from achieving positive outcomes because of existing policies and procedures)
- Commitment to MST supervision and training protocols
- Outcome-based discharge criteria (i.e., observable youth behavior change)
- Treatment cycles of 3 to 5 months on average
- Emphasis on knowledgeable, experienced staff (e.g., M.A. in counseling, M.S.W., etc.)

## PROGRAM BACKGROUND

The current form of MST is the result of extensive scientific evaluation. To date, eight randomized clinical research trials have been published and, in 2001, more than a dozen additional randomized trials evaluating MST were under way. The strength of these results has led to the program’s dissemination throughout the United States and around the world. MST is currently used in over 25 States, Canada, England, Ireland, New Zealand, Norway, and Sweden.

The Family Services Research Center, the MST-focused research group at the Medical University of South Carolina, has supported the dissemination of MST since the early 1990s. In 1996, a university-affiliated organization, MST Services, was formed to help communities establish MST programs.

## EVALUATION DESIGN

The effectiveness of MST has been supported by several controlled, random-assignment evaluations. In these studies, youth were randomly assigned to either MST or a control group receiving other services. (For details, see *Outcomes* section.)

## Target Areas

### Protective Factors To Increase

#### Individual

- Youth coping strategies (e.g., social skills, personal hygiene skills, impulse control, etc.)

#### Peer

- Association with positive peers
- Involvement in prosocial activities

#### Family

- Positive family relations and functioning
- Parental monitoring
- Rule setting and positive rewards in the home
- Family engagement with neighbors and access to community resources
- Planned between-family monitoring of youth group activities

#### School

- Mainstream school attendance and performance
- Youth involvement in school and after-school activities
- Relationship between parental figures and school

#### Community

- Family awareness of and access to existing community resources

### Risk Factors To Decrease

#### Individual

- Antisocial and criminal behaviors
- Psychiatric symptoms in youth

#### Peer

- Association with negative peers

#### Family

- Conflict in the home
- Psychiatric symptoms in caregivers

#### School

- School failure

## PROGRAM DEVELOPER

### **Scott Henggeler, Ph.D.**

MST has been under development for over 25 years under the leadership of Dr. Scott Henggeler, director of the Family Services Research Center (FSRC) at the Medical University of South Carolina. The mission of the FSRC is to develop clinically effective and cost-effective treatments for youth with serious behavioral problems. The center has approximately 50 staff and over \$15 million of committed Federal research funding over the next 5 years.

## CONTACT INFORMATION

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## RECOGNITION

Model Program—Substance Abuse and Mental Health Services Administration, U.S.

Department of Health and Human Services

Model Program—Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice

Effective Program—U.S. Surgeon General's Report on Mental Health and Youth Violence

Families Count Award—Annie E. Casey Foundation